

Waiver Comparison Chart Revised 12-2-09

WAIVER	TRADITIONAL SERVICES AVAILABLE	TRADITIONAL ASSESSMENT	CDO SERVICES AVAILABLE	CDO ASSESSMENT	CASE MANAGEMENT Independent-yes/no	CDO SUPPORT BROKERAGE AAA or CMHC?
<b>SCL</b> home and community-based waiver services for individuals with mental retardation or develop-mental disability w/ cognitive deficits ICF/MR LOC MAP-620 application	a. Adult day training b. Comprehensive assessment c. Reassessment at least every 12 months d. Behavioral supports e. Case management f. Children's day habilitation g. Community living supports h. Occupational therapy i. Physical therapy j. Psychological services k. Residential support service l. Respite service m. Specialized medical equipment and supplies n. Speech therapy o. Supported employment  <u>Contact:</u> <a href="http://www.mhmr.ky.gov/mr/scl.asp">http://www.mhmr.ky.gov/mr/scl.asp</a>  502-564-7702	Conducted by a SCL case manager or support broker  MAP-351	Services available are determined through assessment (MAP-351) and outlined on the plan of care (MAP-109) and support spending plan: a. Home & community support service. b. Community day supports c. Individualized goods & services utilized to reduce need for personal care & enhance independence  <u>Contacts:</u> Current Case Manager  Department for Medicaid Services <a href="http://chfs.ky.gov/dms/Consumer+Directed+Option.htm">http://chfs.ky.gov/dms/Consumer+Directed+Option.htm</a> 502-564-7540  Department for Aging and Independent Living <a href="http://chfs.ky.gov/dail/Consumer+Directed+Option.htm">http://chfs.ky.gov/dail/Consumer+Directed+Option.htm</a> 502-564-6930	Support broker or traditional case manager  MAP-2000 (Initiation and Termination of Services) MAP-351 MAP-109 MAP-10 MAP-24 C	no	Support Brokerage provided by CMHC except in region 8 (Comprehend), support broker is Area Agency on Aging (AAA).  May retain local Area Agency on Aging (AAA) support broker if already in CDO prior to July 2008

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<p><b>Michelle P</b> Nonresidential services limited to 40 hours per week excluding respite and CM for individuals with Intellectual or Developmental Disabilities who meet ICF/MR or NF LOC</p> <p>To apply: Contact local CMHC to request an assessment.</p>	<p>a. Comprehensive assessment b. Reassessment every 12 months c. Case management d. Homemaker service e. Personal care service f. Attendant care service g. Respite care service h. Minor home adaptation service i. Occupational therapy j. Physical therapy k. Speech therapy l. Adult day training service m. Supported employment service n. Behavioral support service o. ADHC service p. Community living supports</p> <p><u>Contact:</u>  <a href="http://chfs.ky.gov/dms/mpw.htm">http://chfs.ky.gov/dms/mpw.htm</a>  502-564-5560</p>	<p>Only a CMHC is to complete the assessment &amp; reassessment</p> <p>MAP-351</p>	<p>CDO services are to be non-medical, decided through a plan of care (MAP-109) and support spending plan, and include:</p> <p>a. Home &amp; community support service. b. Community day supports c. Individualized goods &amp; services utilized to reduce need for personal care &amp; enhance independence</p> <p><u>Contacts:</u> Current Case Manager</p> <hr/> <p>Department for Medicaid Services <a href="http://chfs.ky.gov/dms/Consumer+Directed+Option.htm">http://chfs.ky.gov/dms/Consumer+Directed+Option.htm</a> 502-564-7540</p> <hr/> <p>Department for Aging and Independent Living <a href="http://chfs.ky.gov/dai/Consumer+Directed+Option.htm">http://chfs.ky.gov/dai/Consumer+Directed+Option.htm</a> 502-564-6930</p>	<p>Assessments through CMHC</p> <p>MAP-2000 (Initiation and Termination of Services) MAP-351 MAP-109 MAP-10 MAP-24</p>	<p>Yes, 907 KAR 1:835 Section 7 (3)(c) Notes exceptions: (c) A case management service 2. Shall be provided by a case manager who shall: a. Arrange for a service but not provide a service directly, except as allowed in subparagraph 8 of this paragraph; 8. Contingent upon approval by the Centers for Medicare and Medicaid Services and expiring January 1, 2011, may be provided by an agency which also provides any other Michelle P. waiver service to the recipient if the agency meets the provider qualifications established in Section 2 of this administrative regulation and: a. Provided case management to the recipient in another of the department's waiver programs prior to the establishment of the MPW service program; or b. Provided other services via the Cabinet for Health and Family Services to the recipient prior to the establishment of the MPW service program.</p>	<p>Support Broker services provided by CMHC except in Region 8 (Comprehend), support broker is Area Agency on Aging (AAA).</p> <p>May retain local Area Agency on Aging (AAA) support broker if already in CDO prior to July 2008</p>

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<b>HCB</b> Nonresidential & nonmedical home & community based services for individuals who are aged or disabled and meet nursing facility LOC  To apply: Contact any HCB waiver service provider, with a physician referral, to request an assessment.	a. Comprehensive assessment b. Reassessment every 12 months c. Case management d. Homemaker service e. Personal care service d. Attendant care service e. Respite care service f. Minor home adaptation g. ADHC service  <u>Contact:</u> <a href="http://chfs.ky.gov/dms/hcb.htm">http://chfs.ky.gov/dms/hcb.htm</a> 502-564-5560	HCB case manager or support broker  MAP-351	Services available are determined through assessment (MAP-351) and outlined on the plan of care (MAP-109) and support spending plan: a. Home & community support service. b. Individualized goods & services utilized to reduce need for personal care & enhance independence.  <u>Contacts:</u> Current Case Manager  Department for Medicaid Services <a href="http://chfs.ky.gov/dms/Consumer+Directed+Option.htm">http://chfs.ky.gov/dms/Consumer+Directed+Option.htm</a> 502-564-7540  Department for Aging and Independent Living <a href="http://chfs.ky.gov/dai/Consumer+Directed+Option.htm">http://chfs.ky.gov/dai/Consumer+Directed+Option.htm</a> 502-564-6930	Support Broker or traditional case manager  MAP-2000 (Initiation and Termination of Services) MAP-351 MAP-109 MAP-10 MAP-24	no	Support Brokerage Area Agency on Aging (AAA)

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<b>ABI acute</b> An individual 21-65 with an ABI that involves cognition, behavior, or a physical function which necessitates supervised and rehabilitative services  NF LOC  To apply: MAP-26	a. Case management services b. Behavior programming c. Companion services d. Community residential services e. Counseling services f. Occupational therapy g. Personal care services h. Respite service i. Speech, hearing and language services j. Structured day program services k. Supported employment l. Specialized medical equipment and supplies m. Environmental modifications   Contact:  <a href="http://chfs.ky.gov/dms/Acquired+Brain+Injury.htm">http://chfs.ky.gov/dms/Acquired+Brain+Injury.htm</a>  502-564-5198	Conducted by an ABI case manager or support broker  MAP-351	Services available are determined through the plan of care (MAP-109) and support spending plan and include: a. Home & community support service b. Goods & services individualized & utilized to reduce need for personal care or enhance independence  <u>Contacts:</u> Current Case Manager  <hr/> Department for Medicaid Services <a href="http://chfs.ky.gov/dms/Consumer+Directed+Option.htm">http://chfs.ky.gov/dms/Consumer+Directed+Option.htm</a>  502-564-7540  <hr/> Department for Aging and Independent Living <a href="http://chfs.ky.gov/dail/Consumer+Directed+Option.htm">http://chfs.ky.gov/dail/Consumer+Directed+Option.htm</a>  502-564-6930	ABI CM or Support Broker  MAP-2000 (Initiation and Termination of Services) MAP-351 MAP-109 MAP-10 MAP-24 C MAP-26 MAP-95 MAP-350	Yes, provided by an independent case manager; or a case manager employed by a free-standing case management agency;	Support Broker services provided by CMHC except in Region 8 (Comprehend), support broker is Area Agency on Aging (AAA).  May retain local Area Agency on Aging (AAA) support broker if already in CDO prior to July 2008

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<b>ABI Long Term</b> Home and community service for individuals at least 18 years of age and require supervision; Rehabilitative services; and Long term supports due to acquired brain injury that involves Cognition; Behavior; or Physical function; and have reached a plateau in rehab and require continued supports and services to live safely in the community  NF LOC  To apply: MAP-26	a. Case management services b. Behavioral services c. Community living supports d. Supervised residential care e. Counseling services f. Family training g. Nursing supports services h. Occupational therapy i. Physical therapy Respite service j. Speech therapy k. Adult day training services l. Adult day health care services m. Supported employment n. Specialized medical equipment and supplies o. Environmental and minor home adaptations p. Assessment services q. Reassessment services  <u>Contact:</u>  <a href="http://chfs.ky.gov/dms/Acquired+Brain+Injury+-+Long+Term+Care.htm">http://chfs.ky.gov/dms/Acquired+Brain+Injury+-+Long+Term+Care.htm</a>  502-564-5198	Conducted by an ABI case manager or support broker  MAP-351	Services available are determined through assessment (MAP-351) and outlined on the plan of care (MAP-109) and support spending plan a. Home & community support service b. Goods & services c. Community day Supports which includes adult day training. <u>Contacts:</u> Current Case Manager  <hr/> Department for Medicaid Services <a href="http://chfs.ky.gov/dms/Consumer+Directed+Option.htm">http://chfs.ky.gov/dms/Consumer+Directed+Option.htm</a> 502-564-7540  <hr/> Department for Aging and Independent Living <a href="http://chfs.ky.gov/dail/Consumer+Directed+Opti on.htm">http://chfs.ky.gov/dail/Consumer+Directed+Opti on.htm</a> 502-564-6930	ABI CM or Support Broker  MAP-2000 (Initiation and Termination of Services) MAP-351 MAP-109 MAP-10 MAP-24	Yes, provided by an independent case manager; or a case manager employed by a free-standing case management agency;	Support Broker services provided by CMHC except in Region 8 (Comprehend), support broker is Area Agency on Aging (AAA).  May retain local Area Agency on Aging (AAA) support broker if already in CDO prior to July 2008

Information about covered services and the forms can be found at: <http://chfs.ky.gov/dms/services.htm>

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CDO Service Name	Waivers	HCPCS Code	Service Unit	Includes these Traditional Services
Community Day Supports	SCL, MPW, ABI long term	T2019	15 minute unit	Adult Day Training and Supported Employment,
Home and Community Supports	HCB; SCL; MPW; ABI acute and long term	S5108	15 minute unit	Respite, Community Living Supports, Homemaker, Personal Care, Attendant Care, and Companion
Goods and Services	HCB; SCL; MPW; ABI acute and long term	T1999	One item shall equal one unit	Environmental and home modifications Incontinence and other specialized supplies/equipment
Support Broker Services	HCB; SCL; MPW; ABI acute and long term	T2022 (with HI modifier)	One unit per member, per month	N/A
Financial Management Administrative Services	HCB; SCL; MPW; ABI acute and long term	T2040	15 minute unit, limited to eight (8) units per member, per month	N/A